

Name of Person Filing: _____
 Street Address: _____
 City, State, Zip Code: _____
 Telephone Number: _____
 Represented by ☐ Self (No Attorney OR ☐ by Attorney
 If Attorney, State Bar Number: _____

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Case Number: _____

In the Matter of:

APPLICATION FOR CHANGE OF NAME FOR A FAMILY

Applicant

STATEMENTS TO THE COURT, UNDER OATH OR AFFIRMATION

1. INFORMATION ABOUT PERSONS FOR WHOM NAME CHANGE IS REQUESTED

A. Name on Birth Certificate (Applicant) or ☐ Current Legal Name

(First)	(Middle)	(Last)

Applicant's Address is Listed

County of Residence: _____

Date of Birth: _____

(Month / Day / Year)

Place of Birth: _____

(City, State, Nation)

REQUESTS NAME BE CHANGED TO:

(First)	(Middle)	(Last)

B. Name on Birth Certificate or ☐ Current Legal Name:

(First)	(Middle)	(Last)

☐ Address Same as

Applicant, or: _____

Relation to Applicant: _____

County of _____

Date of Birth: _____

(Month / Day / Year)

Place of Birth: _____

(City, State, Nation)

REQUESTS NAME BE CHANGED TO:

(First)	(Middle)	(Last)

C. Name on Birth Certificate or ☐ Current Legal Name:

(First)	(Middle)	(Last)

☐ Address Same as Applicant, or: _____

Relation to Applicant: _____ County of Residence: _____

Date of Birth: _____ Place of Birth: _____
(Month / Day / Year) (City, State, Nation)

REQUESTS NAME BE CHANGED TO:

(First)	(Middle)	(Last)

If you wish to include more people in this application, please attach another sheet of paper. List for each person their current name as on birth certificate, address, date of birth, county of residence, place of birth, relationship to Applicant, and the new name requested.

3. REASON FOR THIS REQUEST FOR CHANGE OF LEGAL NAME

I request that the legal names be changed as listed above for the following reasons:

4. ADDITIONAL STATEMENTSA. Has any person listed above been convicted of a felony? ☐ Yes ☐ No

If yes, who? _____

B. This application is made solely for the best interest of the persons named above. It will not release the persons from any obligations incurred or harm any rights of property or action in any original name.

OATH OR AFFIRMATION**The contents of this document are true and correct to the best of my knowledge and belief.**_____
Signature_____
Date

Sworn to or affirmed before me this date:

My Commission expires_____
Notary Public or Deputy Clerk